U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 8/8 L

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

(515) 262-0120

Telephone Number

3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Mark A Lustgraaf	Name Inter. Union of Elev. Constructors Local 33			
•	Labor Organization File Number 037-747			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2000 Walker, Suite M	Street 2000 Walker, Suite M			
City Des Moines	City Des Moines			
State Iowa ZIP Code + 4 50317	State Iowa ZIP Code + 4 50317			
5. Position in labor organization.  Business Representative				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Name of Person Filing Mark Lustgraaf	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4	• •		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name National Elevator Industry Education Program	-		
Trade Name, if any: NEIEP			
P.O. Box, Bldg., Room No., if any			
Street Eleven Larsen Way			
City Attleboro Falls	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
State Massachusetts ZIP Code + 4 02763	Wages for working as NEIEP apprenticeship		
2 0000 14 02/03	instructor.		
	<b>12.b. Amount</b> . \$5,520		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:	<u>.</u>		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		